

La Neuveville,

Managa.
Name:
First name:
Title:
Street + Number
Post Code + City
E-Mail:
Phone:
Cellphone:

## **Evidence of osteopathic practice**

Disclosure of one's personal details

I hereby assure that I do at least 20 osteopathic treatments as part of my work as a veterinarian.

Date, Place, Signature